

**199—39.3(476) Low-income connection assistance program (Link-Up) and low-income Lifeline assistance.**

**39.3(1) *Filing of tariffs or inclusion of offer in contracts.***

*a.* Eligible telecommunications carriers that file tariffs with the board shall include in their tariffs provisions offering low-income connection assistance (Link-Up) and low-income Lifeline assistance rates to qualified applicants for single-party service, voice grade access to the public switched network, DTMF (Dual Tone Multi-Frequency) or its functional digital equivalent, access to emergency services, access to operator services, access to interexchange service, and access to directory assistance. In addition, toll limitation shall be included in this service offering without charge to the Lifeline customer.

*b.* Eligible carriers that do not file tariffs with the board shall include the Link-Up and Lifeline offerings in their agreements to provide service to customers. These eligible carriers shall file with the board copies of their current customer service agreements.

**39.3(2) *Rates.***

*a. Link-Up connection assistance rates.* The reduced rates shall include all state-tariffed connection charges for installing basic residential service except security deposits. The eligible carrier shall offer to qualified applicants either or both of the following:

- (1) A reduction of 50 percent of all connection charges or \$30, whichever is less, and
- (2) A deferred payment schedule of equal payments of the charges of up to \$200 assessed for commencing service. The consumer does not pay interest on the deferred charges. The deferral period shall not exceed one year.

(3) The consumer shall receive the benefit of the Link-Up program for a second or subsequent time only for a principal place of residence with an address different from the residence address at which Link-Up assistance was provided previously.

*b. Lifeline assistance rates.* The rates charged to qualified applicants shall reflect the following:

(1) Eligible carriers that charge federal end-user common line charges or equivalent federal charges must apply the federal baseline Lifeline support to waive the Lifeline consumer's federal end-user common line charges.

(2) Eligible carriers that do not charge federal end-user common line charges or equivalent federal charges must apply the federal baseline Lifeline support amount to reduce the Lifeline consumer's lowest tariffed residential rate.

(3) Qualified applicants shall have their monthly local exchange service rate reduced by the federal support of \$1.75, in addition to the baseline federal support used either to waive the Lifeline consumer's federal end-user common line charges, or to reduce the Lifeline consumer's residential rate.

(4) Eligible carriers may not collect a service deposit in order to initiate Lifeline service, if the qualified applicant voluntarily elects toll blocking where available.

**39.3(3) *Qualified applicants.*** To be eligible for Lifeline or Link-Up assistance, an applicant must either have income that is at or below 135 percent of the Federal Poverty Guidelines or participate in one of the following programs:

- a.* Medicaid (e.g., Title XIX/Medical, state supplemental assistance);
- b.* Food stamps;
- c.* Supplemental Security Income;
- d.* Federal Public Housing Assistance Section 8;
- e.* Low-income Home Energy Assistance Program;
- f.* Temporary Assistance to Needy Families;
- g.* National School Lunch Program's free lunch program.

**39.3(4) *Certification.*** The certification of eligibility for Lifeline or Link-Up rate assistance shall be upon a form as set forth below. The form shall be supplied to the applicant by the eligible carrier.

LINK-UP AND LIFELINE RATE ASSISTANCE CERTIFICATION

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Phone Number where you may be reached or receive messages (\_\_\_\_) \_\_\_\_\_

*Please answer the following questions (indicate by check mark):*

1. By filling out this application I (the applicant) request:

☐ Low-income telephone connection assistance (Link-Up) and/or☐ Low-income telephone Lifeline assistance.

2. Have you received Link-Up assistance at the above address in the past?

☐ Yes☐ No*If the answer is "yes," you are not eligible for Link-Up assistance.*

3. Are you participating in any of the following programs?

☐ Medicaid (e.g., Title XIX/Medical, State Supplemental Assistance)☐ Food Stamps☐ Supplemental Security Income☐ Federal Public Housing Assistance Section 8☐ Low-Income Home Energy Assistance☐ Temporary Assistance to Needy Families program☐ National School Lunch Program's free lunch program

4. Is your income at or below 135 percent of the Federal Poverty Guidelines?

☐ Yes☐ No

I understand completion of this application does not constitute immediate acceptance into these programs. I agree to notify the telecommunications carrier if I cease to participate in any of the public assistance programs I checked above or if my income becomes greater than 135 percent of the Federal Poverty Guidelines.

I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive assistance from these programs.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**39.3(5) Data collection.** Eligible carriers shall keep records of the number of subscribers receiving Link-Up and Lifeline assistance. Each eligible carrier must keep accurate records of the revenues it forgoes in providing Lifeline and Link-Up. The board requires that the carrier file information with the federal administrator demonstrating the carrier's Lifeline and Link-Up plans meet the federal criteria, indicating the number of qualifying low-income consumers, and stating there are no state contributions.

In addition, eligible carriers shall mail each year to Lifeline and Link-Up subscribers the verification form set out below (or another form that requests the same information), in a sample size consistent with the formulas and table set forth in Appendix J of In the Matter of Lifeline and Link-Up, Report and Order and Further Notice of Proposed Rulemaking, WC Docket No. 03-109, Release No. 04-87, 199 FCC Rcd 8302 (April 29, 2004). Subscribers who receive the verification form should be selected at random. Eligible carriers shall then verify on their annual report that they have performed the required verification.

#### LINK-UP AND LIFELINE RATE ASSISTANCE VERIFICATION

Failure to return this verification within 30 days may cause you to no longer be eligible for this subsidy.

Name\_\_\_\_\_ SSN\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

City

State

Zip

I am currently receiving low-income monthly telephone bill assistance (Lifeline) at the following:

Phone Number:\_\_\_\_\_

Address:\_\_\_\_\_

I am currently participating in the following program(s):

☐ Medicaid (e.g., Title XIX/Medical, State Supplemental Assistance);

☐ Food Stamps;

☐ Supplemental Security Income;

☐ Federal Public Housing Assistance Section 8;

☐ Low-Income Home Energy Assistance;

☐ Temporary Assistance to Needy Families program;

☐ National School Lunch Program's free lunch program; or

☐ My income is at or below 135 percent of the Federal Poverty Guidelines.

I agree to notify the telecommunications carrier if I cease to participate in any of the public assistance programs I checked above or if my income becomes greater than 135 percent of the Federal Poverty Guidelines.

I certify under penalty of perjury the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive assistance from these programs.

SIGNATURE\_\_\_\_\_DATE\_\_\_\_\_

**39.3(6) Customer notification.**

*a.* Eligible carriers shall inform all persons ordering new or transferring existing residential service of the Link-Up and Lifeline assistance programs and shall inquire whether the customer wants to have further information concerning the programs provided, unless it is apparent that the customer would not be eligible.

*b.* The eligible carrier shall provide informational brochures and application forms to the county offices of the Iowa department of human services, division of community services for the counties served, to the area agency on aging, and to the community action offices of the department of human rights for the region served. In counties or regions served by more than one eligible carrier, the carriers are encouraged to cooperate in providing the brochures and forms jointly.

*c.* The eligible carriers shall pursue media coverage of the Link-Up and Lifeline assistance programs. This may include advertising where appropriate.